

**Emergency medical transport** to a hospital is currently not a practical option. The roads require 4-wheel drive and transport is expensive and difficult to arrange on short notice. Families are often too poor to pay for a ride; so they borrow from neighbors, walk, or stay home.

**Fridays at the health post** are busy. This is the day set aside for routine pre- and postnatal care, immunizations and under-fives clinic. As part of its curriculum, the MOMS team, along with the MCH Aide and Dispenser, supervised student TBAs as they practiced routine examinations. These Friday *practica* supplemented four days of classroom instruction each week held in the village's rice granary.



*Pregnant women and mothers of young children sing songs touting the virtues of immunization, and regular pre- and postnatal care at the Pellie Community Health Post.*

**The TBAs saw** several medical emergencies during the training program, including several fetal deaths and stillbirths and the death of one 4-year-old girl from malaria.

**Training these TBAs** presented challenges not encountered in the US. Few of the students spoke or understood English, so all instruction was done through translators. In addition, most had no formal schooling and only six of the women could read and write. MOMS' trainers therefore avoided

activities requiring literacy. Training methods included DVDs (a first for many of the women), visual aids, models, singing, dancing, role playing, and practice sessions.

**In spite of the lack** of literacy, the team took copies of *A Book for Midwives* (from the Hesperian Foundation) and other references, and many TBAs had their first experience with books. The books were so eagerly sought after that soon students began evening study nights, at which literate students and trainers read to others during the few hours each evening when the clinic generator operated. (MOMS contributed over \$400 to repair the generator, so lights and computers could be available.)

**One important change** to come from the training was in the TBAs' perception of their role, moving from birth attendants only to community health workers. Prior to the training, TBAs did not provide routine prenatal care or ensure women from their villages attended the health post for evaluation and vaccinations. MOMS' training emphasized the role of the TBAs

### **Why Sierra Leone?**

The world record for infant and maternal mortality is held by Sierra Leone.

- 45% of children will die before the age of five.
- Women have a 17% lifetime risk of dying in pregnancy or childbirth.

These conditions have many causes: Sierra Leone's recent civil war, poverty, lack of transportation and communication systems, lack of effective care by trained medical personnel, little respect for women's rights, low use of contraception, and limited access to medication and medical supplies.



*MOMS' Executive Assistant and translator, Jitta Rogers, holds one of several infants born during the 2007 TBA training in Pellie, Sierra Leone*

as part of the region's maternity care team, and TBAs assumed the role of the first line care providers. They now refer their clients to the health post for at least three prenatal visits and for all complications, and follow their progress in their individual villages between visits to the health post.

**This team approach** bore immediate results. At a Friday clinic, a mother brought in her one-month-old baby. The baby had lost weight since birth and was emaciated, listless, and clearly in danger of starving to death. The mother had no breast milk, and was feeding her infant only warm water. The baby's father had deserted them, leaving them without a source of food.

**The health team immediately** involved the senior TBA from the woman's village. The TBA then moved in with the mother to ensure she got food and continued to breastfeed the baby. The TBA also involved the village elders, who contacted the father and persuaded him to fulfill his responsibilities. With support marshaled by the TBA, the mother's breast milk returned and she began getting adequate nutrition. Two weeks later, the baby had gained weight and was alert and responsive.

In 2000, the United Nations adopted the Millennium Development Goals (MDGs) to improve the life of earth's inhabitants. These goals, adopted by all member nations and all major development organizations, include...

- Goal 4: to reduce child mortality
- Goal 5: to improve maternal health

Specific targets of these goals include reducing the under-five mortality rate by two-thirds and reducing the maternal mortality rate by three-quarters, between 1990 and 2015.

The government of Sierra Leone has linked its Poverty Reduction Strategy to the MDGs, and adopted an ambitious interim goal of reducing these mortality rates by one-third by 2007.



TBAs who can read meet with those who cannot to study text books brought by MOMS. TBAs held twice-weekly study groups during the four-week training pilot conducted by MOMS in June and July, 2007.

MOMS' work in Sierra Leone addresses the MDGs directly, focusing first on the rural areas in the Kailahun District. MOMS anticipates it will take at least 5-10 years to work the organization out of a job in Sierra Leone, as we train local instructors and program managers to lead and administer TBA training.

MOMS needs both volunteers and financial support to help meet the goals. We need board members and supporters to do fundraising. We need donated medical supplies, teaching materials and money.

Many of you have already given generously – thank you.

The need continues. Will you help?



The village of Pellie, south of the city of Daru, is too small to be shown on most maps of the country. Only about 160 miles from the capital of Freetown, it takes at least 10 hours by bus and motorbike to travel from one to the other.

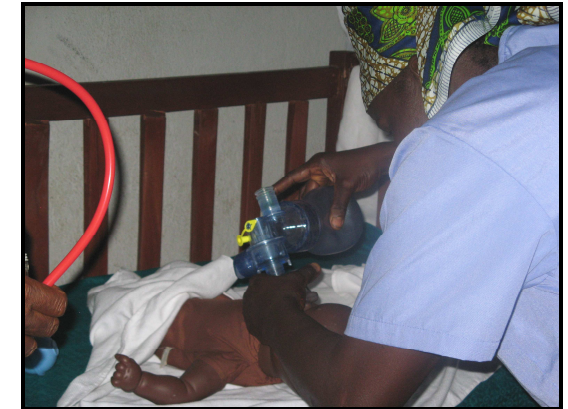
If you are interested in being a part of the solution to these problems, please contact us.

[www.globalmidwives.org](http://www.globalmidwives.org)



## Midwives on Missions of Service (MOMS)

### Training Traditional Birth Attendants in Sierra Leone



Supervised by MOMS' team, a Traditional Birth Attendant practices neonatal resuscitation with the first equipment of its kind ever seen in the remote village of Pellie.

In 2006, Midwives on Missions of Service (MOMS), a nonprofit organization dedicated to improving maternity outcomes worldwide, began a multi-year training project with Traditional Birth Attendants (TBAs) in Sierra Leone, West Africa. After a needs assessment in 2006, MOMS' team spent seven weeks in mid-2007 piloting its custom, four-week curriculum with 62 TBAs in the remote rural village of Pellie, near the Liberian border.

The health post in the village, staffed by a Maternal/Child Health Aide and a Dispenser, serves 17 villages and over 11,000 people in a jungle region with no paved roads. Those in the furthest villages walk up to four hours to reach the health post. The nearest doctor is less than 30 miles away, but 2 to 3 hours from Pellie by vehicle.